



Attorney Docket: 361007-000012



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Joshi, Dr. Yogendra

Group Art Unit: 3743

Serial Number: 09/828,564

Examiner: Patel, Nihir B.

Filed: April 6, 2001

For: ORIENTATION-INDEPENDENT THERMOSYPHON HEAT SPREADER

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

## SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. § 1.56 AND 37 C.F.R. § 1.97

It is respectfully requested that the document listed on the attached Form PTO/SB/08A be considered by the Patent and Trademark Office in the above-referenced application and made of record therein. A full text copy of the relevant document is enclosed.

Each item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this information disclosure statement. 37 CFR § 1.97(e)(1).

The requisite fee pursuant to CFR §1.17(p) is enclosed herewith.

Respectfully submitted,

By:

Matthew W. Witsil
Registration No. 47,183
Attorney for Applicant
Moore & Van Allen, PLLC
430 Davis Dr., Suite 500
Morrisville, NC 27560-6832

Phone: 919-286-8000 Facsimile: 919-286-8199

09/28/2005 DEMMANU1 00000020 134365 09828564

01 FC:1806 180.00 DA

Date

## **CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the US Postal Service as first class mail on 9-23-05, in an envelope addressed to Commissioner of Patents, PO Box 1450, Alexandria, VA 22313-1450

Mure V

Laura McCullen

PTO/SB/08a (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO				Complete if Known		
				Application Number	09/828,564	
II.	NFORMATION D	DISCLOS	JRE	Filing Date	April 6, 2001	
S	TATEMENT BY	<b>APPLICA</b>	ANT	First Named Inventor	Joshi, Dr. Yogendra	
				Art Unit	3743	
	(use as many sheets	as necessary)	)	Examiner Name	PATEL, NIHIR B	
Sheet	1	of	1	Attorney Docket Number	361007-000012	

	U.S. PATENT DOCUMENTS							
Examiner	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where			
Initials'	No.1	Number-Kind Code <sup>2</sup> (if known)	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear			
		US-						
		US-						
		US-						
		US-						
		US-						

	FOREIGN PATENT DOCUMENTS								
Examiner Initials'	Cite No.1	Foreign Patent Document  Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (# known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>®</sup>			

	NON PATENT LITERATURE DOCUMENTS							
Examin er Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²					
		EUROPEAN PATENT OFFICE, European Application No. 02 733 928.2, Communication Pursuant to Article 96(2) EPC, August 16, 2005, Applicant: University of Maryland, College Park.						
		•						
· .								

Examiner	Date	
Signature	 Considered	

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>&</sup>lt;sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Total Number of Pages in This Submission

Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## Application Number 09/828,564 TRANSMITTAL Filing Date April 6, 2001 **FORM** First Named Inventor Joshi, Dr. Yogendra Art Unit 3743 **Examiner Name** PATEL, NIHIR B (to be used for all correspondence after initial filing) Attorney Docket Number 361007-000012

ENCLOSURES (check all that apply)							
Fee Transmittal Fo  Fee Attached  Amendment / Repl  After Final  Affidavits/ded  Extension of Time  Express Abandonn  Supplemental Infor Disclosure Statement  Certified Copy of P Documents  Response to Missin Incomplete Applica	daration(s) Request nent Request mation riority	Drawing(s)      Licensing-related Papers     Petition      Petition to Convert to a Provisional Application      Power of Attorney, Revocation Change of Correspondence Address      Terminal Disclaimer      Request for Refund      CD, Number of CD(s)      Landscape Table on CD  Remarks	After Allowance Communication to Group  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below): Copy of 1 Cited Non-U.S. Patent Reference; and Acknowledgment Postcard.				
Response to	Missing Parts CFR 1.52 or						
	SIGN	  ATURE OF APPLICANT, ATTORNEY, C	DR AGENT				
Firm Name MOORE & VAN ALLEN PLLC							
Signature							
Printed Name	Printed Name MATTHEW W. WITSIL						
Date	Date 21 September 2005 Reg. No. 47,183						
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this with sufficient postage at 1450 on the date shown	s first class mail in	being facsimile transmitted to the USPTO or do an envelope addressed to: Commissioner for F	eposited with the United States Postal Service Patents, P.O. Box 1450, Alexandria, VA 22313-				
Signature	Runn	mc Culbr					
Typed or printed name	Laura McCull		Date 9- 23-05				

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

Utility       300       150       500       250       200       100         Design       200       100       100       50       130       65         Plant       200       100       300       150       160       80         Reissue       300       150       500       250       600       300         Provisional       200       100       0       0       0       0         2. EXCESS CLAIM FEES         Fee Description         Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent       50       25         Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent       200       100	.O/	JUSTION ACT OF 1995	no persons are rec	auited to resor	and to a collection of	information unl	ess it displays a v	TMENT OF CON
FILE RANSIWIT AL For FY 2005  First Named Inventor Examiner Name PATEL, NIHIR B  Applicant claims small entity status. See 37 CFR 1.27  Art Unit 3743  TOTAL AMOUNT OF PAYMENT (\$) 180.00  Attorney Docket No. 361007-000012  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 13-4365 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: information on this form may become public. Credit card information adurboraziton on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (	Effective on 12/08/2004				Complete if Known			
FEE RANSIVII AL For FY 2005    First Named Inventor   Joshi, Dr. Yogendra	Fees pursuant to the Cons	ਜਦਹਰਪਦ on 12/06/2 solidated Appropria	ou4. ations Act, 2005 (F	H.R. 4818).	Application Numb	per 09/8	28,564	
FOR FY 2005    Samiler Name   First Named Inventor   Examiner Name   PATEL, NIHIR B	FEE TE	PINA	NJITT	ΔI		<del></del>		
Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3743  TOTAL AMOUNT OF PAYMENT (\$) 180.00 Attorney Docket No. 361007-000012  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 13-4365 Deposit Account Name: Moore & Van Allen PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) F				<b>~</b>				dra
Applicant claims small entity status. See 37 CFR 1.27  Art Unit  3743  TOTAL AMOUNT OF PAYMENT  (\$) 180.00  Attorney Docket No.  361007-000012  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 13-4365 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) F	F	or FY 20	)05	Ī	Examiner Name			
METHOD OF PAYMENT (\$) 180.00 Attorney Docket No. 361007-000012    METHOD OF PAYMENT (check all that apply)	Applicant claims s	mall entity status	s. See 37 CFR 1	1.27	Art Unit	3743	_ · ·	
METHOD OF PAYMENT (check all that apply)  □ Check □ Credit Card □ Money Order □ None □ Other (please identify): □□ □ Deposit Account Number: 13-4365 □ Deposit Account Name: Moore & Van Allen PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filling fe □ Charge any additional fee(s) or underpayments of fee(s) □ Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Small Entity Application Type Fee (\$)								
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 13-4365 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Credit any overpayments  Fee (\$)  F					e Other (p	lease identify):		
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES SEARCH FEES EXAMINATION FEES  Small Entity Sma	Deposit Accoun	t Deposit Account dentified deposit	t Number: 13-43 t account, the Di	65 irector is her				PLLC
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  SMall Entity  Application Type  Fee (\$) Fee (\$	Charge fee(s	) indicated belov	v		Charge fee(s	s) indicated be	elow, except fo	r the filing fee
Tell Calculation   PTO-2038.   FEE CALCULATION   TELL				nts of fee(s)	Credit any ov	verpayments		
The standard of the content of the color o			come public. Credi	it card informa	tion should not be in	cluded on this f	orm. Provide cred	lit card
FILING FEES   Small Entity   Small								
Small Entity   Small Entity   Fee (\$)   Fee	1. BASIC FILING, S				2011 5550		EION EEEO	
Design   200   100   100   50   130   65		<u>Fee (\$)</u>	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (
Plant         200         100         300         150         160         80           Reissue         300         150         500         250         600         300           Provisional         200         100         0         0         0         0           2. EXCESS CLAIM FEES         Small E           Fee Description         Fee (\$)         Multiple Dependent Claims           Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)         Multiple Dependent Claims           Total Claims         Fee (\$)         Fee Paid (\$)         Multiple Dependent Claims           HP = highest number of total claims paid for, if greater than 20         Indep. Claims         Fee (\$)         Fee Paid (\$)           Indep. Claims         Extra Claims         Fee (\$)         Fee Paid (\$)	•							
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 22  Each independent claims 50 20  Multiple dependent claims  Total Claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Total Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  Extra Claims Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)	•							
Provisional 200 100 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 22  Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 100  Multiple dependent claims  Total Claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Total Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)								
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Total Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)								
Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  200  100  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)		71111	100	Ü	Ü	U	0	
Multiple dependent claims  Total Claims  -20 or HP =		200						0
Total Claims -20 or HP = x = Fee (\$) = Fee Paid (\$) = Multiple Dependent Claims  HP = highest number of total claims paid for, if greater than 20  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  -3 or HP = x =   -4 Multiple Dependent Claims Fee (\$) Fee Paid (\$)	Provisional  2. EXCESS CLAIM Fee Description	FEES	ach claim over 2	20 and more	than in the origin	nal patent		(\$) Fee (\$)
Indep. Claims	Provisional  2. EXCESS CLAIM Fee Description Each claim over 20 or, Each independent clair	FEES , for Reissues, em over 3 or, for					50 al patent 200	(\$) Fee (\$) 25 100
HP = highest number of independent claims paid for, if greater than 3	Provisional  2. EXCESS CLAIM Fee Description Each claim over 20 or. Each independent claim Multiple dependent claim Total Claims - 20	fees, for Reissues, end over 3 or, for aims  Extra  or HP =	Reissues, each  Claims ×	independent	t claim more than	in the origina  Multiple E	50 al patent 200 360 Dependent Cla	(\$) Fee (\$) 25 100 180 ims
	Provisional  2. EXCESS CLAIM Fee Description Each claim over 20 or. Each independent claim Multiple dependent claim Total Claims  - 20 HP = highest number Indep. Claims	, for Reissues, end over 3 or, for aims  Extra  or HP =  of total claims paid  Extra	Reissues, each  Claims	independent <u>independent</u> <u>in 20</u> =	Fee Paid (\$)	in the origina  Multiple E	50 al patent 200 360 Dependent Cla	\$\( \) \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Provisional  2. EXCESS CLAIM Fee Description Each claim over 20 or Each independent claim Multiple dependent claim Multiple dependent claim Total Claims  - 20 HP = highest number Indep. Claims  - 3 HP = highest number 3. APPLICATION S	, for Reissues, em over 3 or, for aims  Extra or HP = of total claims paic Extra or HP = of independent clailZE FEE	Reissues, each  Claims	independent in 20 in 20 in 20 in equal = 1 eater than 3	Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)	in the origina  Multiple E Fee (\$)	st patent 200 360 Dependent Cla Fee Paid	(\$) Fee (\$ 25 100 180 ims (\$)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	Provisional  2. EXCESS CLAIM Fee Description Each claim over 20 or. Each independent claim Multiple dependent claim Multiple dependent claim  - 20 HP = highest number Indep. Claims  - 3 HP = highest number 3. APPLICATION S If the specification and for each additity Total Sheets	, for Reissues, end over 3 or, for aims  Extra or HP = of total claims paid Extra or HP = of independent cla IZE FEE d drawings excelonal 50 sheets Extra Shee	Reissues, each  Claims	independent  in 20  in 20  eater than 3  f paper, the sereof. See 3	Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  application size fee 35 U.S.C. 41(a) additional 50 or	Multiple E Fee (\$)  ee due is \$250 (1)(G) and 3	al patent 200 360 Dependent Clai Fee Paid  0 (\$125 for sma 7 CFR 1.16(s	(\$) Fee (\$ 25 100 180 ims (\$)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100 = / 50 = (round up to a whole number) x =	Provisional  2. EXCESS CLAIM Fee Description Each claim over 20 or. Each independent claim Multiple dependent claim  - 20 HP = highest number Indep. Claims  - 3 HP = highest number 3. APPLICATION S If the specification and for each addititition Total Sheets  - 10	, for Reissues, end over 3 or, for aims  Extra or HP = of total claims paid Extra or HP = of independent cla IZE FEE d drawings excelonal 50 sheets Extra Shee	Reissues, each  Claims	independent  in 20  in 20  eater than 3  f paper, the sereof. See 3	Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  application size fee 35 U.S.C. 41(a) additional 50 or	Multiple E Fee (\$)  ee due is \$250 (1)(G) and 3	al patent 200 360 Dependent Clai Fee Paid  0 (\$125 for sma 7 CFR 1.16(s	(\$) Fee (\$) 25 100 180 ims (\$)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100 = / 50 = (round up to a whole number) x =	Provisional  2. EXCESS CLAIM Fee Description Each claim over 20 or Each independent claim Multiple dependent claim Multiple dependent claim Total Claims  - 20  HP = highest number Indep. Claims  - 3  HP = highest number 3. APPLICATION S If the specification and for each additition and for each additition and the specification and for each additing the specification and for each a	fees, for Reissues, em over 3 or, for aims  Extra  or HP =  of total claims paid  Extra  or HP =  of independent cla  IZE FEE  d drawings exceonal 50 sheets  Extra Shee  0 =	Reissues, each  Claims	independent  in 20  in 20  eater than 3  f paper, the sereof. See 3  inber of eacl	Fee Paid (\$)  Fee Paid (\$)  application size for 35 U.S.C. 41(a) additional 50 or (round up to a warm of the size	Multiple E Fee (\$)  ee due is \$250 (1)(G) and 3	al patent 200 360 Dependent Clai Fee Paid  0 (\$125 for sma 7 CFR 1.16(s	(\$) Fee (\$) 25 100 180 ims (\$) (\$)

SUBMITTED BY			
Signature	whom with	Registration No. (Attorney/Agent) 47,183	Telephone (919) 286-8000
Name (Print/Type)	Matthew W. Witsil		Date 21 Sept. 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.